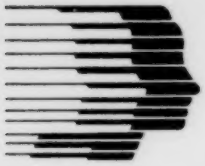

Women's Policy Office
Government of Newfoundland and Labrador

EXPERIENCES OF TEEN PARENTS IN NEWFOUNDLAND

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Experiences of Teen Parents in Newfoundland

by Beth Lacey

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Executive Summary

The risks of adolescent pregnancy are physical, psychological, social and economic. They affect primarily the teen and her child, but also affect the fathers, the families of the adolescents and society as a whole (Working Group on Adolescent Health, 1991). Newfoundland's live birth rates for adolescents is high and there is little data on teens who parent in Newfoundland.

The purpose of this research was to document the effects parenting had on teens, with specific emphasis on their education, employment, health and social lives. The consequences for their families and their relationships were examined as well as services for the young people throughout the province.

The results of the research indicated that the young women in this study are generally satisfied with their lives and report loving their children very much. The young women report that their parents, teachers and friends are supportive. There were, however, negative consequences. Results show that the young women in this study have income levels below low-income cut offs. They also have lower than average high school completion rates.

These young women report that they did not want to get pregnant, yet the majority were not using birth control. They cited a number of reasons for this including a fear of asking for it and not knowing how to get birth control. The

young women requested more sexuality and birth control education and better access to programs in place. There were differences reported between urban and rural regions in the number of services available and the number the young women used. They requested additional services including support programs and financial assistance. The young women in this study did not breastfeed their children as often as their older counterparts, they did not visit their doctor until after the first trimester and many of them used evaporated milk as a formula substitute. They also reported a significant drop in their social interactions.

The fathers in this study were generally older than the mothers, had low high school completion rates and had low income levels. They did not participate in primary care to the extent of the teen mothers, although all but one did take some responsibility. The fathers reported a similar drop in social interactions.

Pregnancy was not the preferred outcome for most of these young people. Prevention must be a goal. Services must be equitable and accessible. Birth control and sexuality programs should be made available and students need access to childcare. These young people also require programs on employment, education, health and parenting with a specific focus on teens.

Acknowledgements

The author would like to acknowledge the people who assisted with the design, implementation and writing of this report. First of all, I would like to thank the young people who took time from their busy schedules to make this research possible. The Newfoundland Statistics Agency, as usual, was very helpful in the design of the research. The Departments of Education and Health provided background material and statistics. The Public Health nursing staff were instrumental in accessing the sample of young women and with out their cooperation, the study would not have taken place.

My Advisory Committee; Luanne Leamon and Dorothy Robbins of the Women's Policy Office, Leslie Bella of the School of Social Work at Memorial University, and Lynn Vivian-Book of the Department of Health provided insight, editing and advice as necessary. Thanks to both Ms. Helen Lawlor and Ms. Joanne MacKinnon of the Department of Health who provided assistance and consultation. Thanks go to all of the staff of the Women's Policy Office. Each of them has, at some point, worked on this report. Finally, I would like to thank the interviewers who travelled the province gathering the data used in the study.

PREFACE

Newfoundland's teen live birth rates remain at about 1 and 1/2 time the national average. Given this, it was decided to pursue research in the area of teen pregnancy and its consequences.

As a result of a call for proposals by the Women's Policy Office, a Research Development Project was undertaken by Community Resource Services(1984) Ltd. to determine the research needs in this area, potential methodologies and relevant research questions.

This study is the result of that developmental work.

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INTRODUCTION

The risks and consequences of adolescent pregnancy are physical, psychological, social and economic and affect primarily the mother and her child but also the fathers, families of adolescent parents and society as a whole (Working Group on Adolescent Health, 1991). The risks to the teen include health problems, marital break-ups, sexually transmitted diseases[1] for the parents and health risks for the child (Bonham et al., 1987; Scambler et al., 1980).

A number of Canadian studies found that adolescent mothers feel isolated from friends and leave school early (Guilbert et al., 1989; Spadofora and Pomeroy, 1989). Several Newfoundland studies have found that teenage pregnancy has a negative impact on education (Leaving Early, 1984; Dept of Social Services, 1980). Also a large number of adolescent mothers who become single parents have been found to live on welfare (Guilbert et al., 1989; Scambler et al., 1980).

These studies have all found that young women who become adolescent parents are more likely to be early school leavers. Leaving school early has many consequences, including social isolation and feelings of depression and despair. Also of consequence, employability increases as education levels increase. So

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[1] *In addition to pregnancy, sexual activity may lead to STDs. Sexually active young people with multiple partners, using other than barrier methods or barrier methods ineffectively, are at risk for STDs.*

early school leaving has both social and economic consequences.

Health risks include increased complications with adolescent pregnancy. Early pregnancy has been linked to a higher infant mortality rate and there is a higher incidence of toxaemia, and low birth weight (Orton and Rosenblatt, 1981, p. 19). Health risks are also associated with some of the social consequences of teen pregnancy/parenting, including leaving school early, poverty, and marital breakdown. Indeed, the increased risk of maternal complications for those over 15 may be associated with socio-economic factors (Makinson, 1985). Even without the extra burden of parenthood, young women face difficulties in the work force. Women who have high levels of education and training continue to face discrimination. Therefore, young women without education and with limited options are severely disadvantaged.

Given this data on teen pregnancy and its social, educational and health related consequences, its prevalence is of concern to policy makers. The financial aspects alone are sufficient to justify public policy attention.

Policy makers have extensively discussed the cost of teen parenting to the health and social welfare systems. They consider that these young people become part of a cycle of poverty that starts with their early pregnancy. The assumption is that they will become dependent on the social welfare system and become long

term recipients of same. However, data regarding this phenomenon have been contradictory. Clark et al.(1991) found that though young women did depend on social assistance in the short-term, they did not remain chronic users. There are costs, though, including short-term financial support and medical costs related to pregnancy.

A plethora of Canadian data confirms that teen parenting does have considerable financial costs. Bonham (1987) reports that support for teen mothers and their children can be estimated at $43M in a 20 year period for Alberta. A study of teen parents in Ontario, estimated that without savings from preventative programs, $41.4M would have been spent on adolescent parents (Orton and Rosenblatt, 1986). The costs of teen pregnancy are undeniable, whether for the short and long term medical costs or for financial support through the social welfare system.

The fertility rates for Canada in 1989 for those aged 15-19 years was 25.8 per 1000 while for Newfoundland the rate for the same cohort was 34.6 per 1000 (Statistics Canada, 1991, Cat.# 82-003S14[2]). This difference is substantial. Substantial differences also exist between different regions in Newfoundland and Labrador.

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[2]*The age-specific fertility rates cited in the Statistics Canada publication, Catalogue# 82-003S14, refer to live birth rates.*

There are five regional health units in the province. Using live birth data from 1989, combined with population data from 1986, teen live birth rates were calculated for the different health regions in the province.[3] The rates ranged from 27.2 births per 1000 females aged 15-19 in the Eastern Health Region to 50.7 births per 1000 females aged 15-19 in the Northern Health Region. The St. John's Region had a rate of 27.5, Western a rate of 29.8 and Central a rate of 35.0(Dept.of Health, 1991).(For a map outlining the Health Regions see Appendix A). The St. John's, Eastern and Western regions had live birth rates approaching the national fertility rates but the other regions were well above national levels. Data was reported for one year only as it was unavailable by region. Rates do appear to be declining nationally and provincially. Newfoundland figures, however, remain at about 1 and 1/2 times the national average.

With these high fertility rates the impact of pregnancy and parenting on young people, particularly young women, has been and remains a concern to policy makers. The number of adolescent girls in our province in 1986 was 39,000 with 28,500 between 15 and 19 years of age (Statistics Canada, 1988). At a fertility rate of 34.6, this means a potential of 986 pregnancies a year among 15-19 year olds.

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[3]*Live birth rates are generally lower than fertility rates as they do not include still births and abortions. The abortion rate for Newfoundland has been about 5 per 1000 for the last number of years but there is no breakdown by region. Therefore, live birth rates were used to demonstrate regional differences.*

The consequences for the offspring of these adolescent mothers are also of concern. Born into a cycle of poverty, many of these children start life disadvantaged. In Canada poverty rates for lone-parent families are quite high. In 1986, 56.1% of lone-parent families were poor, and lone-parent mothers with low incomes were younger and more likely to be unemployed. Child poverty rates in Newfoundland stand at 20.7% (Children in Poverty;Toward a better Future, 1991). Poverty has related consequences as well. The potential for teen parents becoming abusers appears to be related to socioeconomic stress. Other stressors related to lower socioecomonic status such as unemployment, housing problems, and poverty may put extra pressures on an already overtaxed individual (Rickel, 1989). These young people also have fewer options available for relief from these pressures. The cost to the social welfare system is also of concern in a province with Newfoundland's other economic difficulties. A recent Nova Scotia study found that children of unmarried mothers were at some risk for emotional and behavioural problems (Clark et al. 1991).

There is little data from Newfoundland on the teen parents themselves or on their thoughts and feelings on pregnancy and parenting. This study takes a look at reasons teens get pregnant, reasons the young people in our sample chose to keep their children, the consequences of this decision for their social lives and their educational and employment prospects. The consequences for their families and their relationships are also examined as well as services for the young people

throughout the province during pre- and post-natal periods. The purpose in doing this research was to consider the policy implications of the findings. Few researchers have looked at young fathers and the consequences of teen parenthood in their lives. This study attempts a limited exploration of this issue.

METHODOLOGY

Sample

The sampling approach used the public health regions in the province and took advantage of the contacts with public health personnel. Of the five regions in the province, three were chosen for study; the northern region, the eastern region and the St. John's region. These choices were made because of their diversity and for economy. The St. John's and Eastern regions include both urban and rural communities, and were accessible by car. The Northern region was chosen because of concern regarding the high frequency and consequences of teen pregnancy in this area. The Labrador area would have added greatly to our sample but cost was prohibitive. The other two regions, Western and Central, while of interest, could not be included for the same reason. The choice of regions does limit the generalizability of the data but it is hoped that the diversity of communities within these regions will also help reflect some of the concerns of

teen parents in regions that were not sampled.

The next task was to choose communities within these three regions. The regions were divided into Census Consolidated Subdivisions(CCS). A number of CCSs were selected randomly from each region. The number chosen from each region was determined by population data. The sample of parents within each CCS was obtained with the co-operation of the Public Health Officials in the region. The regional health units were contacted and their assistance in obtaining the sample was requested. In all cases co-operation was given and continued throughout the project.

The sample included young women who were between the ages of thirteen and nineteen living in the communities selected and who had delivered a child and were currently parenting that child.[4] These young women were contacted through the public health nurses in the regional health units. The public health nurses have contact with all of the women who have babies and keep files with pre and post natal information. The nurses in the Eastern region contacted the women who met the criteria and asked them to participate in our research. After obtaining the young woman's agreement to participate, she was given a consent form to complete with a contact number for scheduling an interview. The nurses collected

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[4]*Due to a misinterpretation, the sample on the Northern Peninsula consists of women who delivered babies while in their teens but are not now necessarily teenagers. Therefore the age range of the sample is beyond 19.*

these forms and returned them to the Women's Policy Office. In the Northern region the investigator hired for that region contacted the Regional Health Unit Office and obtained the names of the young women who met the criteria, contacted them and obtained consent forms from those agreeing to participate. For the St. John's region, the principal investigator obtained the sample by accessing the pre and post natal files at the Regional Health Unit Office. These young women were then contacted and asked to participate. Those consenting were scheduled for an interview. A consent form was completed before the interview took place(Appendix B).

The Northern Peninsula sample presented some problems in that the frame chosen contained the names of all young women who delivered babies, including those who gave up the child for adoption. Given that contacting these women might have caused unnecessary anguish, it was decided to contact only those known to the interviewer and her contacts in the region. Thus a sample of 39 women was obtained from this region with no refusals. The original frame had 137 women who delivered babies in the Northern Peninsula region. The refusal rate for the Eastern region was 23% and 11% for St. John's. The difference in the rates for these areas may in part be due to the way the sample was contacted. The Eastern sample was contacted by the Public Health Nurses in that region while the St. John's sample was contacted by the interviewer for the area. This direct contact with the interviewer may have enhanced the response rate for the St. John's region.

Instrument

The survey instrument was a structured questionnaire administered in a personal interview. Most of the 84 questions contained in the survey were closed. The interview took approximately one half hour. Four interviewers were hired and trained to administer the questionnaire using standardized techniques. A pilot with a small number of St. John's teen parents resulted in revision. There were limits in the geographic areas sampled which will effect the utility of the results for statistical purposes. However, findings still reflect with accuracy and sensitivity the issues and problems facing those teen parents ultimately sampled. The revised questionnaire was administered to 164 young women from the three health regions. The results utilize 161 of these interviews. The remaining three were not appropriate for the study. Two of the women were older than 19 when they delivered their first child and one was still pregnant when the interview took place. Interviews were conducted during the winter and spring of 1990(Appendix C).

Sample of Fathers

Each young woman interviewed was asked if it would be possible to interview the father of the child. Through this method 24 males were contacted and agreed to participate in the study. Their interview contained 59 questions

administered in a personal interview format(Appendix D).

RESULTS[5]

Demographics

The young women in the study ranged in age from 15 to 24 with a mean age of 18.5 and a mode of 19. One hundred and twenty-three(76.4%) were never married, 37(23%) were married or living common-law and one was divorced. The age of the sample at the birth of their first child ranged from 12-19 years. The mean and mode were 17.

There were 34.8% of young women in the labour force, 20 young women employed at the time of the survey and 36 unemployed . There were 23 full-time homemakers, nine of whom also indicated they were collecting social assistance. Seventeen responded that they were collecting social assistance but listed no other occupation and 51 indicated they were students.

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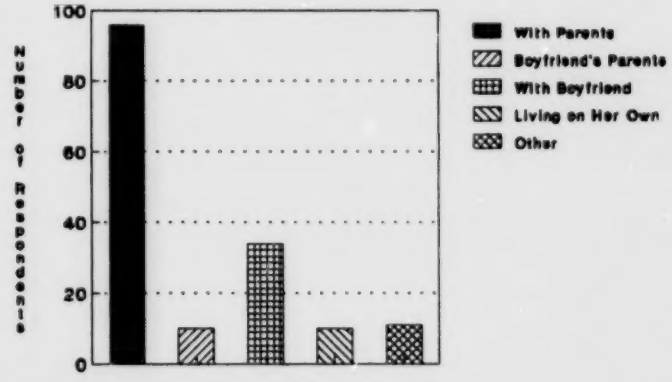
[5]*Although a small sample of fathers was interviewed, the next two sections pertain to the female population(mothers) except where otherwise stated.*

Nine(5.6%) young women indicated that they were employed full-time year round, 14(8.7%) part-time and two(1.2%) seasonal. In addition, one young woman indicated that she was employed full-time seasonal and one part-time seasonal. Six young women worked shift work.

Most of the young women surveyed(96) or 59.7% were living at home with their parents and other family members. Thirty-four(21.1%) were living with their boyfriends/husbands and 10 or 6.2% were living on their own(see Table I).

Table I
Living Arrangements of Teen Mothers

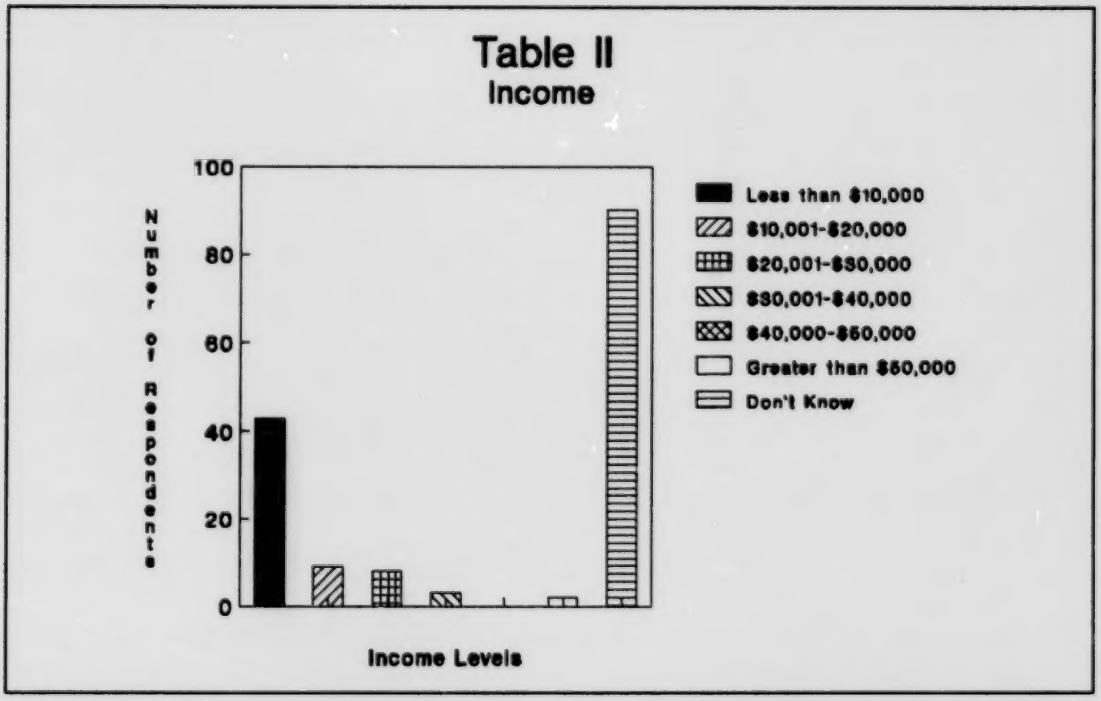


Of those who indicated an income, 66.2% had an income of less than $10,000, 13.8% had an income between $10,001 and $20,000 and 12.3% had an income between $20,001 and $30,000. The remainder(7.7%) had incomes over $30,001. Of these, 3 were employed while the two remaining were students and

probably reported their parents income(see Table II).

Education

There were 51(31.6%) students in the sample. Of these, 32(62.7%) indicated they were presently in high school and 19(37.3%) that they were in other training. Fifty-four(33.5%) of the young women had already completed high school at the time of the study. Assuming that all those in high school in our sample graduate,



86(53.4%) will have completed high school[6]. Young women in the study who were in school at the time they got pregnant completed school at a significantly higher rate(44.3%) than those not attending at the time of pregnancy(20.3%)(p<.005).

One hundred(62.1%) of the young women attended school while they were pregnant. Several questions were asked relating to the type of response they received when teachers and students found out about their pregnancy. Ninety women indicated that at least one teacher was aware of the pregnancy but only four indicated that their teachers were not supportive. One student stated that she felt pressured to leave school. The others said that the teachers made life difficult or were not supportive in other ways. Most teachers, however, were very supportive and frequently re-scheduled exams, exempted them from classes, sent home work and generally made school life as easy as possible for the student.

Most teachers were supportive of the young women and frequently re-scheduled exams, exempted them from classes, sent home work and generally made life as easy as possible for the student.

There were no differences between students from different school boards in birth control use, type of

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[6]*This number is the most hopeful, and may not be realistic. It is still, however, quite low. See the discussion for further information.*

birth control or school attendance while pregnant or availability of sexuality information. This is consistent with other research which found that religiosity did not impact on birth control use (Planned Parenthood,1988).

Childcare

The young women in this study expressed concerns regarding the continuation of their education given the responsibilities of parenthood. In the sample as a whole, forty-seven young women describe their parents as child care providers and of these, 35 young women are students. These 35 make up 68.6% of the student sample. Twenty-two are in high school and 13 are in other training.

There were a variety of arrangements for child care among our teen parents. The most common arrangement of the 69 mothers who indicated that they used child care was to have the child at home (non-group) with a relative 44(63.8%). This was followed by 16(23.2%) who had their child in care (non-group) at a relative's home and 6(8.7%) whose child was at home with a non-relative. Two young women brought their child out to a group setting and one had made other arrangements. As stated previously, 47 of the 69(68.1%) have the grandparents

The most common arrangement for those using child care was to have the child at home with a relative. Most were the child's grandparents providing care.

providing care. Child care is a problem, however. Fourteen of those in school indicated that they had missed time as a result of child care difficulties. The median number of days missed during the year was three. Others, as will be discussed later in the services section, indicated that child care was something which would make parenting easier.

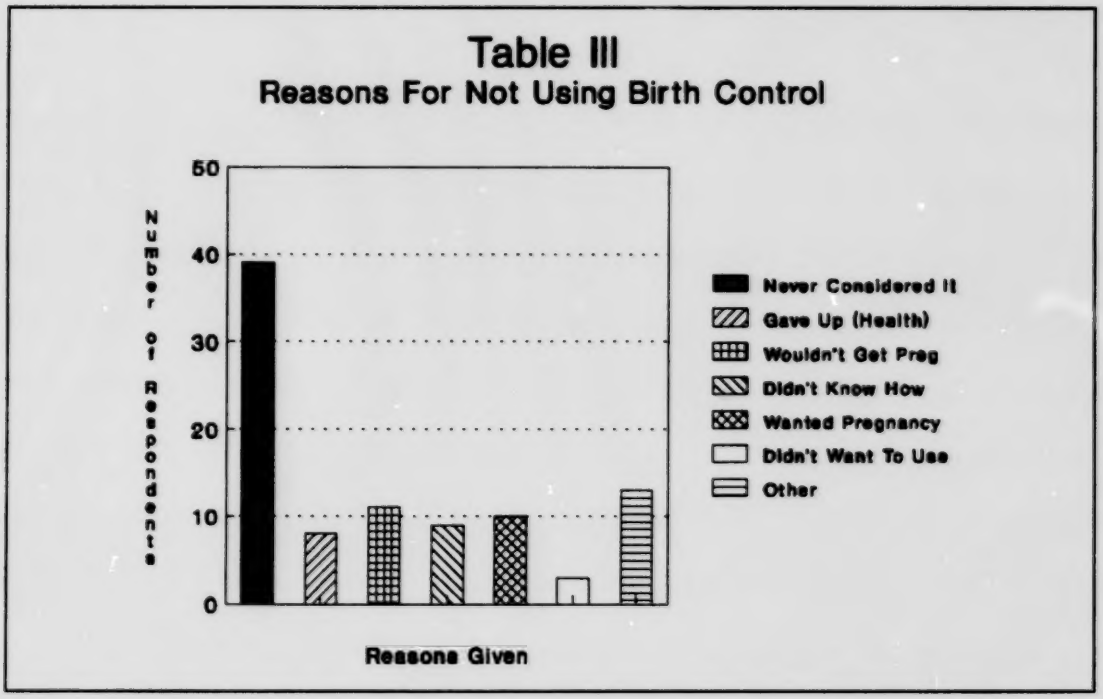
Birth Control

The young women in the study were asked questions regarding the circumstances surrounding their pregnancies. Nine(5.6%) young women responded that the pregnancy was planned and 148(92.6) replied that it was unplanned. One hundred and seven(66.9%) indicated that they were pleased with the pregnancy and 39(24.4%) that they were displeased. Two(1.3%) had mixed reactions. Four did not indicate whether or not the pregnancy was planned. Of those who planned the pregnancy, two planned it on their own and six planned it with their partners. One did not indicate who planned the pregnancy.

All the young women were asked if they had used birth control. Thirty-seven(23.3%) had done so, using a variety of methods. The most common form of birth control among users was condoms(20)(54%), followed closely by birth control pills(16)(43.2%). Two young women indicated that they and their partners

had used natural birth control and one had used withdrawal as a method[7].

One hundred and nineteen(74.8%) young women said they didn't use birth control and three(1.9%) indicated that they used it sometimes. When questioned further regarding why they did not use birth control, they indicated the



following(see Table III). Thirty-nine (24.2%) of those sampled had never considered it, 10(6.2%) wanted to get pregnant or didn't care(probably includes the nine planned pregnancies), 11 (6.8%)didn't think they would get pregnant and nine(5.6%) were afraid or didn't know how to obtain it. Eight(5%) used birth control but then

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[7] *Numbers need not add to 37 as more than one answer could be indicated. This is true throughout the questionnaire.*

gave it up for health reasons and three(1.9%) chose not to use birth control. There was a variety of other answers but these were the most common responses. There was a significant difference by the young woman's age at delivery in reasons why she did not use birth control. Far more of young people 17 and under had not considered it, didn't know how, or were afraid to get birth control.

One hundred and nineteen young women, almost three-quarters of those interviewed, did not use birth control.

Obviously birth control was not successful for those who were using it. When asked why birth control failed, a number of responses were obtained. The main reason given was that birth control use was not consistent(16)(36.4%). Others indicated they used condoms which broke(6)(13.6%), one(2.5%) used "an ineffective method" and 16(34.6%) stated they did not know why the birth control did not work.

Seventy-five(47.1%) of the young women thought they might get pregnant, with 74(46.5%) having discussed the problem with their partners. Many young people seem to believe that pregnancy cannot happen to them. Eighty-four(52.2%) young women thought they would not get pregnant and yet only 37(23.3%) of the

Eighty-four young women, over half of those surveyed, thought they would not get pregnant. Most of these young women were not using birth control.

overall sample were using any form of birth control and many of these, inconsistently. There was a significant difference by age in those thinking they might get pregnant with younger teens more often stating that they thought they might get pregnant.

Thirty-five(21.7%) of the couples made plans in the event of pregnancy. Thirty(18.6%) decided to keep the baby and raise it together, while the remaining five(3.1%) planned adoption, abortion or raising the child alone. Clearly, those who planned adoption or abortion did not follow through on their plans as this study includes only those young people who kept their children.

Fathers' Participation in Parenting

Of the 30 couples who planned to raise the child together in the event of pregnancy, 26 young women said that the fathers do take some responsibility for the child, ranging from child support only(1), to full and equal responsibility(14). There was change noted in the relationships, however. Of those 30 co-parents, ten young women indicated that the relationship got better, four that the relationships broke off(two were still friends), one that they were still together but it had worsened and one that the relationship was basically the same or a little better.

Despite the commitment to jointly raise the child by the 30 co-parents,

though, 14 of these young women indicated that they had primary responsibility for raising the child, 13 shared the responsibility with their boyfriend and one boyfriend had primary responsibility. The other two young women indicated other options which did not include the father of the child.

Although thirty of the young women indicated they had discussed the pregnancy with the father and had decided to co-parent, at the time of the interviews fourteen of these young women indicated that they had primary responsibility for the child.

The participation of the boyfriends who had made a commitment to jointly raise the child was quite high in these situations, however, when compared to the rest of the sample. Ninety five (59%) of the young women indicated that the boyfriends assisted them financially. Forty-three percent(13) of boyfriends who had planned to jointly raise the child now share primary responsibility for the child. This compares to 24.5%(39) of fathers from the overall sample. Young men still have the option to opt out, however. Of the young women who discussed the possibility of pregnancy with their boyfriends, 46.7%(14) have primary responsibility for the child. In general, 56.6%(90) of the young women we surveyed have primary responsibility for their child.

Services

Young women were asked the kinds of services that were available to them to assist with their pregnancies. A variety of services were found to be available but urban/rural differences were noted. Eight young women noted that the only service available was doctor's care. Seven of these young women lived in rural areas. Generally young women in rural areas reported fewer services than those in urban regions. Rural women averaged 3.9 available services while urban women averaged 4.8 services(p<.009). Significant differences were also found in the services used in rural versus urban settings(see Table IV). Thirty-five(30.4%) young women in rural areas used doctors

Urban women reported more available services than did rural women. Urban women also reported using more services during and after pregnancy.

Table IV
Services During Pregnancy

Type of Service	Availability Urban	Availability Rural	Usage Urban	Usage Rural
Doctor's Care	44	115	43	112
Pre-natal Classes	41	82	22	24
Financial Assistance	26	34	14	18
Support Group	10	4	1	0
Guidance Counsellor	29	45	11	16
Public Health Nurse	35	98	20	66
Social Worker	27	67	8	15
Other	1	0	2	0

Urban N=46
Rural N=115

Availability and Use

care only, while only 9 (19.5%) young women in urban settings used doctors care only. Twenty-two(47.8%) of young women in urban settings used prenatal classes compared to 24(20.9%) in rural areas[8]. Young women in urban settings used an average of 2.9 services while those in rural settings used 2.0 services. When two services were listed they were, in almost all cases, a doctor's care and public health nurses. These differences found in services continued after the pregnancy. Urban mothers reported 5.0 services available and rural mothers reported 3.8. Urban women reported using 4.0 services, while rural women reported using 3.2(p<.03). The most common services listed as available and used by the respondents, both urban and rural, were doctor's care, post-natal visits and Public Health Nurses. The Public Health Nurse does the post-natal visit but might also do other follow-up services, as necessary. Birth control counselling and financial assistance were listed by the young women in urban settings more often as available and used by them (see Table V)[9].

The young women were asked a number of open-ended questions regarding services before, during and after their pregnancies. The first question asked was whether there were services which would have made planning the pregnancy

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[8]*Pre-natal education is available through Public Health Nurses. By pre-natal classes, we refer to a group education setting. These are provided by several hospitals in the St. John's area buy are not available in all rural settings.*

[9]*The Nobody's Perfect Parenting Program was just being implemented when this data was collected which would explain the participation rate.*

Table V
Services After Pregnancy

Type of Service	Availability Urban	Availability Rural	Usage Urban	Usage Rural
Doctor's Care	44	115	43	115
Post-natal Visit	34	76	31	72
Financial Assistance	34	44	26	34
Support Group	6	2	2	0
Guidance Counsellor	16	25	5	5
Public Health Nurse	38	108	36	106
Nobody's Perfect	1	2	1	1
Birth Control Counselling	17	26	17	20
Social Worker	22	60	16	24
Other	1	0	2	0

Urban N=46
Rural N=115

Availability and Use

easier. Of the 136 who responded, fifty-seven(41.9%) of them replied that there were no services that would have made planning easier. Sixty-six(48.5%) young women indicated that birth control or sex education counselling prior to pregnancy would have made things easier. Nine indicated that they would have liked some type of support group or single parent program and the other 11 indicated a variety of responses[10].

The young women were also asked about services which would have made things easier while they were pregnant. The 77 who indicated that services would have made their pregnancies easier gave a variety of responses. The most common(24) was access to prenatal classes. Fifteen young women indicated that

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[10] *Respondents could indicate multiple answers, so responses need not sum to 79.*

some sort of financial help would have made things easier and 15 felt that a support group would have helped. Others indicated a variety of responses including parenting programs(3), support of family and friends(7), and social workers(2).

Finally the young women were asked about services they would need to make their lives easier now. Of those young women(94) who gave responses, the most common was a need for some sort of financial assistance(58). Eighteen young women needed formal or informal child care, 17 needed a support group, two wanted housing and the rest indicated a variety of other responses.

Health

There has been some evidence showing that pregnant teenagers consult a doctor regarding pregnancy later than do older women. The young women in our study, on average, made their first visit to the doctor at 12 weeks with a range from 1 week to 32 weeks. When asked about their general health during their pregnancy, 128(80%) of the young women reported it was good or excellent, 18(11.2%) that it was fair and 14(8.7%) that their health was poor. The young women, on the whole, reported that they were more satisfied with their lives since the birth of their child(50.9%) or

The young women interviewed, on average, made their first visit to the doctor at 12 weeks.

that there was no difference in their lives(42.2%). Only 5% of the young women felt less satisfied with their lives.

A question was asked relating to the health care steps the young women took while pregnant. Thirty-five reported that they did nothing special to take care of their health during their pregnancy. The rest did a variety of things. Fifty tried to eat more nutritious food, 28 gave up smoking, 9 did not drink, and others reported getting more rest, more exercise and supplementing their diets with minerals and vitamins. In fact, 86% of the young women in this sample took some special care of their health when they realized they were pregnant.

The young women were also asked about breastfeeding. Eight percent said they breastfed their infants and the rest indicated that they used some kind of formula. The number breastfeeding is well below the general data for this province which indicate that 38.0% of women breastfeed (Janeway Child Health Centre, 1990). Of those in this sample using formula, 30.6%(44) used Similac followed by 15.3%(22) using Infalac. Perhaps most disturbing in our study of young mothers is that 38.2%(55) of the young women

Only 8% of young women said they breastfed their infants.

reported using Carnation Milk[11] as a formula. Carnation is cheaper than formula and has been quite commonly used as a milk substitute and a formula substitute in Newfoundland. The Department of Health discourages its use as a formula substitute.

The mothers were asked what, if any, illnesses their children had since birth. The most common problem was 45 cases of the common cold, followed by 10 cases of diarrhoea/vomiting. There were a variety of other common childhood illnesses reported but the population appeared to be generally healthy.

Fifty-five young women reported using Carnation Milk as a formula. Carnation is cheaper than formula and has quite commonly been used as a formula substitute. The Department of Health discourages its use as a formula substitute.

Regarding the birth experience itself, the young women generally reported a difficult labour. Fifty-six reported that labour was difficult, 12 reported that it was excellent and the remainder reported it to be fair or good(92). Most(103) did state that it was as expected.

All but 15 of the young women had support through their delivery. Forty-three(27.3%) were supported by their mothers, 27(16.7%) by their

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[11] *Carnation Milk is a brand name for evaporated milk and is commonly used as the generic term in this province. The author has used the brand name to represent all condensed evaporated milk to avoid confusion and to assist with readability.*

husbands/boyfriends and the rest(37) by various relatives including their fathers and sisters.

Social

The young women in the sample lead very active lives before their pregnancies. Almost 60% reported socializing with friends at least once a day while only 5% reported socializing less than once a week. These social interactions were mostly face to face (88%) or a combination of telephone and face to face interactions(8.5%). Only 3.5% of our sample reported telephone socializing exclusively. Social behaviour changed considerably among our sample upon the arrival of their child. Social activity dropped for the majority with only 16.8% of our sample socializing everyday and 25.5% socializing less than once a week. Their method of interaction changed as well, with face to face decreasing to 68% and exclusively telephone interactions increasing to 13.7%. The types of social activities were quite varied and ranged from get togethers with friends to organized activities such as bowling and darts.

Family

Research on the outcome of teen parenting for the teen parent and the child has shown that parental support is positively linked to the normal adjustment of

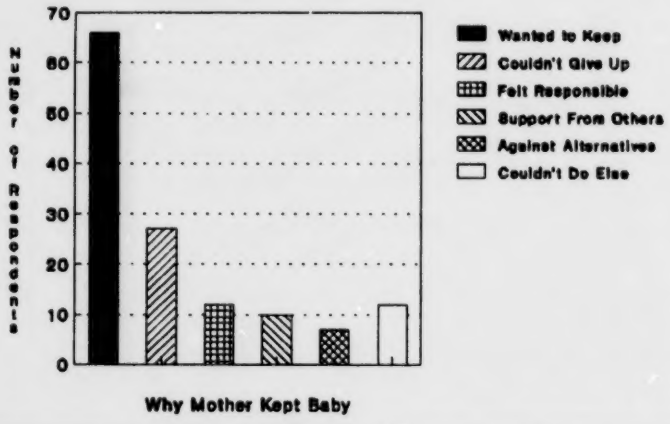
both the teen and her child. A number of questions were asked, therefore, regarding the parent's reaction to their teenager's pregnancy. Both mothers and fathers reacted initially with anger, shock and/or disappointment, with more mothers upset in this way. This initial anger dissipated and at the time of the study 84% of the parents had a positive attitude toward the teen and 95% were happy about their grandchild.

Although the first reaction to the pregnancy of their daughters was anger and shock, at the time of the interview the vast majority of parents had a positive attitude toward the teens and the children.

Choices and Parenting

The population with whom we are dealing are young women who chose to keep their children. The majority of these pregnancies were unplanned so the young women were asked why they kept their babies. This question evoked a number of replies(see Table VI). The most frequent response was that, upon learning of the pregnancy, the respondents wanted to keep the child(66). Twenty-seven young women stated they just couldn't give the baby up while others(12) felt that they had to take responsibility for their actions. Twelve also stated that they couldn't do anything else. The categories "couldn't give the child up" and "couldn't do else" were listed separately as the latter included those who did not appear to give any thought to other options while the former included those who made this decision after much thought.

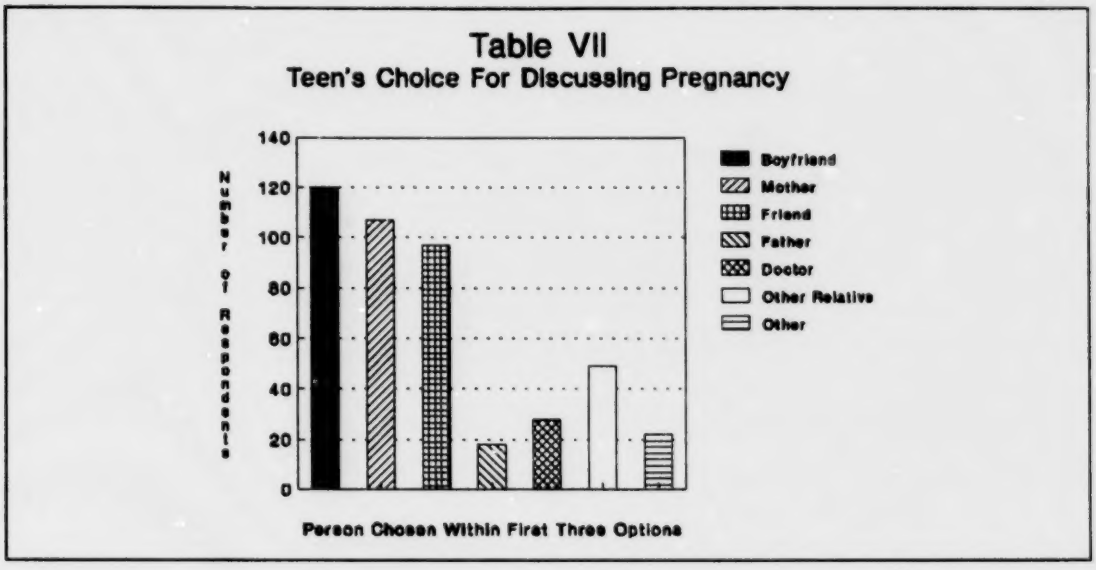
Table VI
Reasons For Keeping Baby



To delve further into this issue, the young women were asked why they chose to keep the child as opposed to adoption. Sixty-three young women stated they could not consider adoption. A typical response was "I went through the pregnancy and couldn't imagine giving him up. I love him." Others stated they "could not bear not to know the baby's fate". Twenty-five stated they did not want somebody else raising their child. When a similar question was raised regarding abortion, the overwhelming response was personal objection to abortion(67) while others were opposed for health or other reasons.

It should be noted that when considering the responses to both the adoption and abortion questions, the sample here are those young women who did not choose either of these options. Those pregnant teens who chose either adoption

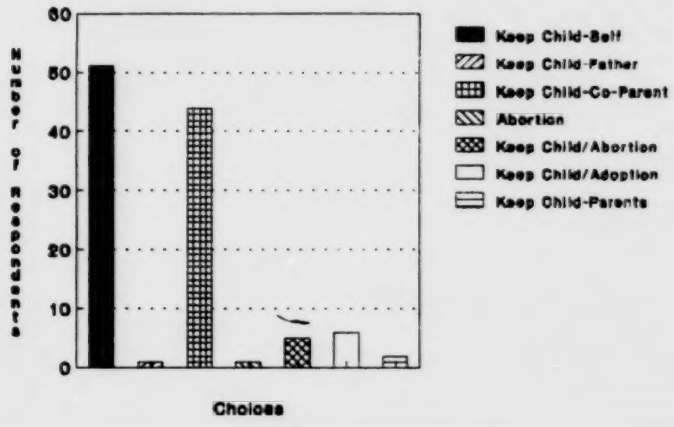
or abortion were not part of the sample frame and their views are excluded.



These young women were asked with whom they first discussed their pregnancies(see Table VII). The first choice was most often their boyfriend, followed by a friend and then their mothers. Boyfriends were among the first three choices for 120 respondents, mothers for 107 and friends for 97. When asked if these people discussed options with them, 68 young women indicated that they had discussed options. The choices ranged from adoption and abortion to co-parenting. A complete list of choices the young women saw available to them can be found in Table VIII.

These young women are now parents. The study attempted to explore their feelings and thoughts about being parents, asking them what the good and bad

Table VIII
Choices Available to Teen Mother



things were about parenting. Most young women(60) felt that the children had given them love and a reason for living. They expressed a comfort in having something so helpless depend on them. Others(46) loved to watch them grow and learn. The negative things about being a parent were the lack of freedom and sleep(47), the financial hardship(16) and the worry about doing what was right for the child(24). Twelve young women stated that there was nothing negative about having a child.

Most young women felt that the children had given them love and a reason for living. They expressed a comfort in having something so helpless depend upon them.

The young women were also asked about the advantages and disadvantages of being teen parents. The most common advantages states were that there was no age gap(43) between them and their child, that it matured them more quickly(14) and that teen parents had more support available(11). The most common

disadvantage was the loss of social life and friends(74), followed by the financial hardship(30). Eighteen young women stated that their age had no impact on their parenting.

DISCUSSION

There appears to be a dichotomy in the results of the research on teen mothers. The young women report that they are generally satisfied with their lives, most reporting that they are more satisfied with their lives now than before the birth of their child. They also report loving their children very much and that these children give them love and a reason for living. Taken by themselves, these results would paint a fairly rosy picture. We could conclude that teen parenting is not a negative outcome for these young women, but rather that it enhanced the lives of these young women.

There is, however, another side to these results. The young women in our study indicated their income was considerably below low-income cut-offs. This data excludes most of the students who, in large part, rely on their parents for income, but reflects the incomes of the young people who are living on their own.

These young women did not want to get pregnant, yet they were not using

birth control. More work must be done to educate these young women about birth control and pregnancy prevention. While young people reported that sexuality education and information was available, too many indicated they did not know how to get birth control, were afraid to get it or had not considered it. A recent report on adolescent pregnancy in Ontario concludes that the decline experienced in rates in that province can be attributed to prevention programs which are accessible to the young people. They define accessible programs as those which are close to where the young people live, that have support within their peer group and are personally accessible. The study states that the decline in adolescent pregnancy in Ontario parallels the growth of prevention programs. In particular they found that localities with <u>both</u> school sexuality education and public health family planning clinics showed greater declines than the provincial average decline (Orton and Rosenblatt, 1991). More work needs to be done to ensure that all young people have access to birth control.

The education levels of these young people are well below the norm. Department of Education data shows that 76.21% of female students complete high school compared to a potential 53.4% of the sample at the time of the study. This supports the existing concerns that teen pregnancy has a detrimental effect on high school completion, causing concern among educators and policy makers. Given the links between education and future employability, this does not bode well for the adolescent parent and her child.

The support of fellow students, friends and teachers was marked. There appeared to be little rejection as a result of pregnancy, but rather a pulling together of those surrounding the young woman to offer her support. This type of reaction would certainly contribute to easing the stress associated with adolescent pregnancy and might account for the positive attitudes these young women reported. These young people did express some concerns regarding the continuation of their education given the responsibilities of parenthood. Research indicates that those who remain at home and receive support from their families are better able to cope with their education(Clark et al., 1991). One young woman describes her day this way. " Get up in the morning, get the baby ready for his grandmothers. I get ready for school. I go to school from 9:00 to 4:00. I pick up baby, we come home, get supper, play with baby until 7:30 p.m. Put him to bed and then I study until bed-time." The young woman's mother is the primary caretaker of her child when she is not available. These young people have a better chance of obtaining training or completing school than those without supportive families.

Many of the young women were satisfied with the support services available to them. Close to half of those interviewed did not indicate a need for further services. This is the good news. The other young people indicated a wide variety of needs. Of primary concern is the urban/rural differences found in services perceived to be available, and subsequently used in these regions. The same

services should be available in all regions of the province. Unfortunately, in the more rural areas transportation can be a problem. The most commonly requested service by the teen during pregnancy was prenatal classes. They were available in their area but not always accessible because of transportation or scheduling difficulties. These classes are an important educational program for all pregnant women and are used to inform those attending about nutrition, health, the birth process and post-natal care. The pregnant teenager would probably benefit greatly from the knowledge she would gain in these classes and efforts should be made to make them more accessible. Unfortunately, recent budget cuts in the province have resulted in some regions further limiting the accessibility and availability of prenatal classes. These young people do get information from the Public Health Nurse regarding many of these issues, but prenatal classes are a group experience and would provide a setting where the young women (and young men) would be able to interact with others. Classes focused on teens would certainly seem appropriate as well.

The young women also indicated they needed financial assistance and support groups. Financial assistance is available for single parents through the Department of Social Services if the young people qualify but some of the young people in this study were not aware of this option or had difficulty accessing it. Others complained of difficulties continuing their education because of problems with student loan rules and allocations. The Department of Education has recently

introduced measures to assist single parents with some of these problems. There are a number of single parent support groups available throughout the province at this time, although none specifically target the teen parent. Perhaps it is time to start looking at programs such as this specifically for teens. Teens also indicated a need for child care, both formal and informal. This too requires service development.

Forty-three young women indicated that nothing would be needed to make their lives easier since the birth of their child. This would appear to indicate that they were coping quite well on their own. In fact, when investigated further it was found that the young women not needing any help were more likely to share primary responsibility for their child with the father. Eighteen(41.9%) of the 43 not requiring assistance had joint responsibility compared to 21(18.1%) of the remainder. The initial supposition that they are coping on their own is inaccurate. Rather they are receiving help from a source not available to many of the other young women in the study.

The teens in this study indicated that they first visited a doctor at 12 weeks(mean, mode and median). This means that they did not consult with a doctor in the crucial first trimester of pregnancy, limiting interventions that might be required and options that would be available.

These teens did not breastfeed as often as their older counterparts. In fact, their rates are well below the Newfoundland norms. While this is true of teens in other provinces as well, rates here are quite low. One of the reasons may be the lack of prenatal classes targeted at teens. In these classes other factors such as body image or lack of knowledge regarding the importance of breastmilk to the infant's health could be addressed with their peers. Whatever the reason, more education regarding the importance of breastfeeding, particularly focusing on teens, is required. A related issue is the use of Carnation Milk as a formula substitute. Again, the lack of access to prenatal classes may be part of the problem as well as the cost. Solutions to this problem might include free transportation to classes, subsidized formula for low income mothers and higher profile public education programs.

The young women experienced a significant drop in their social interactions upon the birth of their child. This was found in the question relating to the frequency and types of social interactions pre and post pregnancy and again when the young people were asked about the difficulties encountered as a teen parent. Formal and informal child care programs would help in this regard. Enabling the young people to stay in school would also assist in their keeping up social ties. This, too, could be assisted with the use of child care programs.

As discussed earlier, teens experienced marked support from teachers and

friends. Our research also showed that most teens have very supportive parents. This support could play a very large role in the adjustment of these young people. Although no questions were asked in this study relating to parental support to teen adjustment, teens reported that both they and their parents were happy the child was born. Very few parents remained negative(2.6%). One of the young women whose parents fell into this group was experiencing a great deal of stress and was seeking counselling. Her parents were quite hostile and the young woman was receiving no support around child care and continuing her education. Contact was maintained with this young woman and she was referred to the appropriate agencies for assistance.

It is difficult to conclude whether the support upon the birth of the child is simply a continuation of the type of relationship the teen and the parents had already established. The young woman who was so unhappy and expressed her feelings of hopelessness may have always had a poor relationship with her parents, with the pregnancy aggravating an already tense situation. However, most of the sample were happy with their child and had a good relationship with their parents. Support included child care for many of these teen parents. Forty-seven of the young women indicated that their parents were providing child care for them. As stated earlier, this would certainly assist them with attaining further education and training, making their futures optimistic. Interviews in another 5 to 10 years

would reveal their adjustment and their success at meeting their goals. The tangential impact of teen pregnancy, on the mothers of these teens who once again find themselves having to raise a child, would in itself make an interesting study.

The young people report that they are satisfied with their lives. Given the limits that their parenting appears to impose on their education and employment and given their general lack of social interactions and financial resources, this seems contradictory.

These young people may have settled for the lives that have been in some ways imposed upon them by their parenthood, and given the resilience of youth, have adapted to it. Without a comparison group of teens who have not experienced parenthood, it is difficult to gauge the satisfaction of the teens in the study and whether it compares to their non-parenting cohorts. For those young women who report that they had a child so that they would have somebody to love and someone to love them, a child certainly gives their lives an important purpose. Further research into such a long-term and consuming solution to loneliness and lack of purpose would certainly provide valuable insight into the lives of teenagers.

A variety of programs and policies are evidently required to address the needs of this heterogeneous group. Prenatal and postnatal visits are available as well as doctor's care and public health services. Some birth control counselling

is available, particularly in urban regions, but also through public health and schools in all areas. Courses relating to sex and sexuality have been taught in some schools for some time, but are not always required or available in all schools. The Department of Education is presently piloting a curriculum which includes sexuality education. This curriculum includes coursework on human sexuality and relationships. This is encouraging, but the young people in this study indicated a need for further service development and more widespread delivery. Prenatal classes, improved rural services, and birth control services and support also require attention. The more hopeful aspect of this study is that these young people feel good about themselves, their lives and their children. Family support, support from teachers and peers as well as health services are certainly partially responsible for this. A structure is needed to support this positive attitude so that these young people can attain the same goals and achieve at the same levels as their non-parenting cohorts. Perhaps with some early intervention problems regarding housing, poverty, low-paying jobs, low levels of education and isolation can be circumvented.

FATHERS

Twenty-four fathers responded to the questionnaire. Their mean age was

20.7 with a range from 18-25 years. This made them, as a group, two years older than the female sample. The mean age of the males at the time of their child's birth was 19.5 with a range from 15-24. Thirteen of the young men were never married and 11 reported being married or living common-law. The high incidence of marriage and commitment here is a direct result of the methodology. Fathers were contacted through the mothers of the children, so only fathers who remained in close contact were involved in the study. Most fathers(137) were not contacted because the mother was on bad terms with him, did not know how to locate him or did not consider that he would have anything to contribute to the study.

Eleven fathers reported that they were employed, seven were unemployed and five were students. One young man reported receiving social assistance. This result is seemingly contradicted in the question on means of income in which 4 young men state that their means of income, at least partially, comes from social assistance. It is unclear whether this is because the young men are dependent on the social assistance income of their parents or if there is some other reason for this difference in reporting.

Eight young men worked full-time, 4 part-time or seasonal and three worked shift work. Most young men lived with their girlfriends/wives (9) or their parents (9). Two lived with their girlfriends and her parents and one lived with his girlfriend and his own parents.

Nine of the young men in this study reported incomes below $10,000, seven more had incomes between $10,001 and $20,000 and three between $20,001 and $30,000. One young man reported an income between $40,000 and $50,000 and three said they did not know. Many of the young men supported themselves(11) though several were dependent on parents, girlfriends, or social assistance.

Education

Of the five students in the male sample, one was still in high school and 4 were in other training. Only eight had completed high school, which is below the norm. Department of Education data indicates that 61.6% of males graduate high school(Department of Education, 1991). Five young men attended high school while their girlfriends were pregnant. Teachers and students were aware of the young men's role in the pregnancy in all cases but one and all reported that they were supportive. One young man did indicate that some fellow students made fun of him during this time.

Social

The young men also saw a decline in their social lives after the birth of their child.

They had fewer interactions with their friends after the birth but those they had remained face-to-face. Males interacted socially face-to-face as opposed to on the telephone whereas the young women were frequent telephone users before and after the birth. The decrease in social interactions was not as marked for the males as for the females in the sample.

When the young men were first informed of the pregnancy, most first discussed the consequences with their girlfriends(19). Given that many of them were told of the pregnancy by the girlfriend, this makes logical sense. Two young men did not discuss it and three discussed it with their parents or a friend. The second choice[12] is the most diverse for the boyfriends and would probably be more comparable to the first choice of the young women. The most common second choice was a friend followed closely by mothers. Fathers ranked third. This is very similar to the young women's choice for discussing her pregnancy. Seven of the young men discussed choices with those with whom they discussed the pregnancy. The choices discussed varied, covering all available options.

When the young men were questioned regarding the choices they felt they had available, 50% indicated that co-parenting was the only option available to

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[12]*The boyfriend almost always first discussed the pregnancy with his girlfriend as that was how he learned of the pregnancy. This study was interested in with whom they chose to discuss the pregnancy, so for young men, the study looked closely at their second choice.*

them. Others chose single parenting by mother, adoption or single parenting by self. None chose abortion. Of the 24 young men in the sample, three indicated that the pregnancy was planned, 13 indicated it was unplanned but pleasing and five indicated that it was unplanned and displeasing. One indicated that he had planned the pregnancy and two indicated it was a joint decision. Nine were shocked upon first learning of the pregnancy, five were pleased, three thought it might happen, two were surprised and one did not mind.

There was a significant difference between male and female partners in whether they thought the young woman might get pregnant. Twenty-one of the young men thought the young woman might get pregnant while only 13 of the females thought so. It appears that the young women might be "in denial" or that young men are better informed or have some hope of pregnancy. When examining the female sample as a whole, 50% did not think they would get pregnant. Given the sporadic use of birth control and the reported plethora of sex information, this figure appears low.

Most(18) of the young men report discussing the possibility of pregnancy with their girlfriends, once again reinforcing that these young men were different from those who are not now involved with their children. The young men described by the female sample are very different from these young men. The young men interviewed appear to be atypical of their cohort. The responses they

gave were quite similar to those of their female partners. The "irresponsible male who leaves the young woman with all responsibility" is not present among the young men we interviewed. Rather, according to the young women, they are present among the 137 males who did not answer the questionnaire.

Twenty-two young men stated that they took an active part in the decision to keep the child. When asked why they chose to keep the child as opposed to adoption the most frequent reply was that they could not have someone else raise the child(6) or could not consider adoption(4). Others gave a variety of responses including parents' influence or that it was the first grandchild.

When asked why abortion was not chosen, one young man said he had not considered it, while 16 young men stated that they were opposed to abortion. Again it should be noted that for both adoption and abortion, the sample chosen consists of those who had decided to keep their children. Those who would have made the choice of adoption or abortion were not included in the sample.

Questions about the good and bad things about parenting generally and teen parenting in particular, were also put to the young men. Their answers were similar to those of the young women. The good things about parenting were watching the child grow and the feelings of love and ownership for the child. The hard things were the loss of freedom, loss of sleep and financial difficulties. Teen

parenting meant there would be no age gaps between them and their children and that there would be more support, but resulted in a loss of education and career opportunities, loss of freedom and loss of social life.

All but one of these fathers maintained contact with their child and all but one takes responsibility. Those who take responsibility report being very involved with the child, although only one reports having primary responsibility. The males report more sharing of the responsibilities than do their female partners, but this difference is not significant.

When males were asked about their parents' reaction to the pregnancy, they reported similar difficulties to those of the female sample. Their parents did, in large part, react with anger and disappointment but have since become supportive and feel positively about their grandchild.

DISCUSSION

The young men in the study are a group of fathers who have remained committed to their child. Many are still in relationships with the mother of the child. While it is interesting to note that these young men participate extensively, research needs to be done on fathers who do not remain involved and the reasons

for this lack of participation and how teen fathers fare later in life as opposed to teen mothers. More information on what prompts young males to stay involved would also be an asset.

FUTURE DIRECTIONS

This research has served to point out some of the inequities and some of the concerns related to teen parenting in Newfoundland. It has also been useful in identifying further issues which should be addressed in future planning and/or research. The sample did not include young women who had never been pregnant, or those who had been pregnant but were not parenting. Both of these groups would be interesting comparison groups for the young women in the study. Young fathers who had chosen to abdicate responsibility for their children were not accessed. Comparing this group to parenting fathers and young parenting mothers would add to the knowledge base as well.

This research did not extend to all regions in the province. Because of the isolation of some communities and the lack of resources outside of major centres, one can only assume that they encounter most of the problems outlined in this paper as well as some which may be unique to their particular area. Further research should include these regions in the sample with a particular effort to

examine Labrador.

The research has highlighted some program needs. Rural areas lack support services required to ensure equal access to programs already in place. A common example of this was the lack of transportation to prenatal classes. Access to child care for high school students both urban and rural are major issues as well as programs for teens on employment, education, health, breastfeeding and parenting.

Pregnancy was not the preferred outcome most the young people in this study. Prevention must be a goal. Other research has found that the provision of both sexuality education in schools and public health family planning clinic services is directly associated with the most rapid decline in pregnancy rates (Orton and Rosenblatt, 1991). While there is some movement in this province on providing sexuality education in the schools, our sample requested more. They also reported a lack of information around birth control. Family planning clinics are not available outside of St. John's. While public health nurses provide this information, they are already overburdened with their current caseloads and there is no formal program in place to provide this information. As a result, many teens do not see this as an option for them.

More work is obviously needed on this topic. This paper serves to further

discussion in the area, to act as a catalyst for future research, and to inform future policy decisions.

The teens who participated in this study are a heterogeneous group with different needs and expectations. We end this report with quotes from three of the teens who participated this study describing a typical day in their lives.

"Get up in the morning, bath the baby, get breakfast put baby in for a nap. When he wakes up we get ready and go visit my mother. We come home in the evening, watch television for a while, and get supper. Watch T.V. - put the baby to bed and then I go to bed."

"Get up in morning, dress and change baby, make his breakfast, make beds and tidy up. Play with baby and then I get lunch for us. Get him to the babysitter by noon - I go to classes until 6:00pm. Get home at 6:45 and feed him his dinner. We play for a while, I bath him at 8:00 and put him to bed at 8:30pm. I study for a couple of hours and then go to bed."

"Get up at 7:30am. Husband goes to university, I change and feed baby, bathe her and she naps for awhile. I do housework and get breakfast for myself. By 1:00 or 2:00pm my husband gets home. I get ready for classes.

I have classes from 4:00 to 5:00pm and my husband looks after the baby. When I get home, I make supper, feed the baby, and we both do the dishes. We watch T.V. for a while, study, entertain the baby. Baby usually stays up until 12:00 0r 1:00am. We go to bed around that time."

References

Bonham, E.H., et al. (1987). In Trouble...A Way Out: A Report on Pregnancy and Sexually Transmitted Diseases in Alberta Teens. Calgary, Alta.: Calgary Health Services.

Canada. Standing Committee on Social Affairs, Science and Technology. (1991). Children in Poverty: Towards a Better Future. Ottawa: Supply and Services.

Canada. Statistics Canada. (1988). Adolescent Pregnancy Study: Selected Set of Statistical Tables for Canada, 1980-1985. Ottawa: Supply and Services.

Canada. Statistics Canada. (1991). Health Reports, Supplement 14. Catalogue #82-003S14. Ottawa: Supply and Services.

Clark, S., et al. (1991). Mothers and Children: One Decade Later. Halifax, N.S.: Department of Community Services.

Guilbert, E., et al. (1989). Teenage Pregnancy in the Province of Quebec. Quebec Hospitals Public Health Association.

Janeway Child Health Centre. (1990). Neonatal Screening Program. St. John's, Newfoundland.

Kinnon, D. (1988). It Takes Twenty Years to Grow: Reducing Teen Pregnancy in Your Community. Kitchener, Ont.: Planned Parenthood.

Leaving Early: A Study of Student Retention in Newfoundland and Labrador. (1984). Copies obtained from Integrated Education Council, St. John's, Nfld.

Makinson, C. (1985). The Health Consequences of Teenage Fertility, Family Planning Perspectives. 17(3).

Newfoundland. Department of Health, Health Research and Statistics Division. (1991). Unpublished Data.

Newfoundland. Department of Education, Research and Planning Division. (1991). Unpublished Data.

References

Newfoundland. Department of Social Services. (1980). with Canada. Health and Welfare. Single Parents Research Project.

Orton, M.J., and Rosenblatt, E. (1981). Adolescent Birth Planning Needs: Ontario in the Eighties. Planned Parenthood Ontario.

Orton, M.J., and Rosenblatt, E. (1986). Adolescent Pregnancy in Ontario: Progress in Prevention. Planned Parenthood Ontario.

Orton, M.J., and Rosenblatt, E. (1991). Extending Access To Prevention Reduces Abortions, And Births To The Unmarried. Planned Parenthood Ontario.

Rickel, A.U. (1989). Teen Pregnancy and Parenting. New York: Hemisphere Publishing.

Scambler, N.R., Adler, C., and Congdon, S. An Overview of Teenage Pregnancy and Parenthood in British Columbia. Vancouver, B.C.: Social Planning and Review Council of British Columbia.

Spadofora, A. and Pomeroy, P. (1989). Teenagers Becoming Parents: A Niagara Perspective. Thorold, Ont.: Niagara Maternity Centre Services Task Force.

Working Group on Adolescent Health. (1991). Report on Adolescent Reproductive Health. Ottawa: Supply and Services.

Appendix A

Health Regions in Newfoundland

Northern
Region
Western
Region
Central
Region
St. John's
Region
Eastern
Region

Appendix B

Consent Form

Teen Parenthood Project

Informed Consent Form for Research Subjects

I, the undersigned, understand that the purpose of this research project is to gather information about the impact of parenthood on teenagers. The type of information gathered may include questions on attitudes of parents and friends, impact on education and training, availability of services both pre and post-natal and health.

I understand that in order to safeguard the confidential nature of the information that will be collected from me, an identification number will be used and all identifying material will be stored in a place accessible only to the interviewer and principal investigator and will be destroyed when the study is completed. The information collected from me will be used with a similar accumulation of information from about 200 other teen parents and will be reported without names or other identifying information. It is my understanding that the information I volunteer will not be accessible to anyone other than the interviewers and the principal investigator.

I understand that there will be no risk to me resulting from my acceptance or refusal to participate in the project. My consent is voluntary and I may choose to withdraw at any time.

I agree to participate in the research project by responding to a personal interview at a later date, at a time mutually agreeable to myself and the investigator.

*Signature*_____

Address _____

*Contact #*_____

Appendix C

Mother's Questionnaire

INTERVIEWER:PLEASE READ TO TEEN MOTHER. I want to start off the interview by getting some background information. We'll start now and if you have any questions please feel free to interrupt at any time.

1. Your present age: In years _____

2. Your marital status

1) never married
2) married/co-habiting/living common-law
3) divorced
4) separated
5) widowed

3. Are you presently (circle all appropriate numbers)
1) employed
2) unemployed
3) student
4) student/employed
5) full-time homemaker
6) receiving social assistance
7) other; please specify: _____

INTERVIEWER, ASK NEXT QUESTIONS IF EMPLOYED, OTHERWISE GO TO 6.

3.a) What kind of work do you do in your job? _____

4. Are you employed
1) full-time
2) part-time
3) seasonal

Do you work shiftwork?
1) yes
2) No

5. Have you lost time from work because of child care problems?
1) yes
2) No

How many days in the last year?
_____ days

Ask next question only if young woman is a student

6. Are you presently attending high school
1) yes
2) no Are you attending other training? 1)yes 2) no

6a). Have you lost time from school because of child care problems?

1) yes ***How many days in the last year?***

2) no _____ ***days***

This next question is for teen mothers who are in any training, school, or are working.

7. What arrangements do you make for your child while you are at school or work?

1. Child alone at home with caregiver (non-relative)
2. Child alone in caregiver's home (non-relative)
3. Child in a group in your home with caregiver (non-relative)
4. Child in group in caregiver's home (non-relative)
5. Child alone in your home with caregiver (relative)
6. Child alone in caregiver's home (relative)
7. Child in a group in your home with caregiver (relative)
8. Child in a group in caregiver's home (relative)
9. Child in group facilities other than above
10. other, please specify: _____

8. Are grandparents caring for child?

1. yes
2. no

If they are not presently in high school please ask this question next. Otherwise go to the next question.

9. What school did you attend ? _____

9a) Have you completed high school?

1. yes
2. no

10. Did you attend high school while you were pregnant?

1. yes
2. no

If they answer yes ask the next set of questions, otherwise go to the section which starts with question 20.

11a. Did you leave when you got pregnant?

1. yes
2. no

WHY _____ *For how long*_____

b). Did you return? 1. yes 2. no

12. Were your teachers aware of your pregnancy

1. yes go to 13
2. no go to 16

13. Were they supportive?

1. yes go to 15
2. no go to 14

14. How were they not supportive?

1. pressured you to leave
2. madelife difficult

3. other ways, please specify:
_____

15. In what ways

1. exemption from certain classes
2. rescheduling exams
3. other ways Please specify: _____
_____

16. Were other students aware of your pregnancy?

1. yes go to 17
2. no go to 20

17. Were they supportive?

1. yes go to 19.
2. no go to 18.

18. ***How were they not supportive?***
    1. ***made fun of you***
    2. ***ignored you***
    3. ***other ways, please specify***

    _____
    _____

19. ***In what ways***
    1. ***Brought your work home to you***
    2. ***Were kind and understanding***
    3. ***Other ways, please specify.***

    _____
    _____

INTERVIEWER: PLEASE READ TO TEEN MOTHER. The next few questions concern your being a parent and relate to your children.

20. *How long have you been a parent?*
    _____ *years* _____ *months*

21. *How many children do you have?* _____ *children*

22. *What is (are) the sex(es) of your child(ren)?*
    child 1
    child 2
    child 3

23. *What are/is the ages of your child(ren)?*

    child 1 _____ *years* _____ *months*
    child 2 _____ *years* _____ *months*
    child 3 _____ *years* _____ *months*

INTERVIEWER PLEASE READ TO TEEN MOTHER. The next set of questions refer to the health of you and your child.

Health

24. *Please check any illnesses your child has had since birth.*
    1. *common cold*
    2. *vomiting/diarrhea*
    3. *colic*
    4. *ear infection*
    5. *mumps*
    6. *chicken pox*
    7. *whooping cough*
    8. *respiratory problems or croop*
    9. *Anything else, please specify.*_____

25. *Have you been ill since the birth of your child*
    1. *yes*
    2. *no* ***go to 27***

26. *What illnesses have you had?*

    _____

    _____

27. *Has your physical health changed since the birth of your child?*

    1. *Yes*
    2. *No*

    How: _____

28. *Would you describe yourself since the birth of your child as*
    1. *more satisfied with your life*
    2. *less satisfied with your life*
    3. *no difference*

28a).Did you breastfeed your child?
    1. *yes*
    2. *no* ***go to b***

b). What formula did you use _____

READ OUT. The next section deals with the social aspects of your life.

Social

29. *How often did you socialize with your friends before your pregnancy?*

1. every day
2. several times a week
3. once a week
4. less than once a week
*Were most of these face to face or telephone?*_____

30. *How often do you socialize with your friends since the birth of your child?*

1. every day
2. several times a week
3. once a week
4. less than once a week
*Are most of these face to face or telephone?*_____

31. *In a typical week, what kind of social activities do you participate in?*

1. darts	*32.How often for each*	_____
2. bowling	*Activity?*	_____
3. cards		_____
4. dancing		_____
5. going to a movie		_____
6. going to a bar		_____
7. getting together with friends		_____
*8. Other, please specify.*_____		_____

33. *How do you think your friends feel about you having a child?*

_____

_____

READ OUT TO TEEN MOTHER- The next few questions deal with the time you found out you were pregnant and how you felt.

34. When you first discovered you were pregnant, with whom did you discuss your pregnancy?

1. no one
2. mother ***FIRST*** _____
3. father
4. boyfriend ***SECOND*** _____
5. friend
6. teacher ***THIRD*** _____
7. clergy
8. Public Health Nurse
9. doctor
10. other relative; please specify _____
11. other please specify _____

(Rank first three)
example - if talked to mother first put 2 in top block
next person in next block

35. Did they discuss choices with you?
1. yes
2. no

If they said yes to someone discussing choices list choices in order of when they were first discussed and then list who discussed these choices with them.

Choice one *Discussed with* _____
Choice two *Discussed with* _____
Choice three *Discussed with* _____
Choice four *Discussed with* _____
Choice five *Discussed with* _____

36. What choices did you have available to you

1. keep the child (single parenting by you)
2. keep the child (single parenting by father)
3. keep the child (co-parenting)
4. abortion
5. adoption
6. grandparents or other relative keep the child
*7. other, pls. specify*_____

37. ***Was this pregnancy***

1. ***planned***
2. ***unplanned but pleasing***
3. ***unplanned and displeasing***
4. ***other please specify._____***

Who planned the pregnancy?

1. ***self***
2. ***self and partner***
3. ***partner***

38. ***What was <u>your</u> first reaction to your pregnancy?***

1. ***shock***
2. ***surprise***
3. ***pleased***
4. ***thought it might happen***
5. ***didn't mind***
6. ***other, please specify _____***

If unplanned ask next 3 questions otherwise go to 42.

39. *Why did you decide to keep the child?*

_____

_____

40. *Why did you make this choice as opposed to giving the baby up for adoption?* _____

_____

41. *Why did you make this choice as opposed to abortion?*

_____

_____

42. *Is having a child what you expected it to be?*

1. *yes*
2. *no*

43. *What are the good things about being a parent?*

_____

_____

44. *What are the hard things about being a parent?*

_____

_____

45. *What are the good things about being a teen parent?*

_____

_____

45a. *What are the hard things about being a teen parent?*

_____

_____

46. *Where did you get your information on sex and sexuality?*

1. *parents*
2. *school*
3. *friends*
4. *television*
5. *books*
6. *other, please specify* _____

47. *Which source was most useful?* _____ *least useful?*_____

READ OUT- the next questions are concerning the father of your child and your relationship with him.

48. *Do you maintain contact with the father of your child?*
    1. *yes*
    2. *no*

    What form does this take? ***INTERVIEWER-PLEASE PROBE HERE ABOUT THE TYPE OF CONTACT.***_____

    _____

    _____

49. *Does he take responsibility for the child?*

    1. *yes*
    2. *no*

    How?
    1. *child support (financial)*
    2. *babysitting*
    3. *overnight care*
    4. *decision-making*
    5. *primary parent*
    6. *emotional support*
    7. *other; please specify* _____

50. What was your boyfriend's reaction to your pregnancy?

1. shock
2. surprise
3. pleased
4. thought it might happen
5. didn't mind
6. doesn't know
7. supportive
8. other, please specify _____

51. How does he feel now?

_____

_____

52. Were you or your boyfriend using any method of birth control at the time you got pregnant?

1. yes
*2. no Why not? INTERVIEWER-please probe i.e. did you want to get pregnant?*_____

_____

IF THEY ANSWERED YES TO THE QUESTION ABOVE ASK 53 OTHERWISE GO TO 54.

53. What type were you using?

1. condoms
2. cervical cap
3. birth control pills
4. diaphragms
5. spermicidal cream/foam
6. rhythm (Billings) or other natural birth control
7. withdrawal
8. other, please specify

53a) Why did it fail? _____

_____

54. Did you think you might get pregnant?

1. yes
2. no

55. ***Did you and your boyfriend ever discuss this possibility?***

1. yes
2. no

56. ***Did you make plans in the event of pregnancy?***

1. yes - what did you decide? _____
2. no

57. ***Has your relationship with the baby's father changed since the birth of the child?***

1. yes
2. no

In what way? _____
_____

READ OUT- The following questions concern your own parents.

Parents

58. *How did your mother react to your pregnancy?*
_____
_____

59. *How did your father react to your pregnancy?*
_____
_____

60. *How are they with you now?*
_____
_____

61. *How are they with your child?*
_____
_____

READ OUT- now I'd like to know a little about the kind of services that were available during your pregnancy.

Services

62. *During your pregnancy, what kind of services were available for you to assist with your pregnancy?*

    1. *doctor's care*
    2. *pre-natal classes*
    3. *financial assistance (besides parents)*
    4. *support group*
    5. *counselling (Guidance Counsellor)*
    6. *Public Health Nurse*
    7. *Social Worker*
    8. *Other, please specify*_____

63. *Which ones did you use?*

    1. *doctor's care*
    2. *pre-natal classes*
    3. *financial assistance (besides parents)*
    4. *support group*
    5. *counselling (Guidance Counsellor)*
    6. *Public Health Nurse*
    7. *Social Worker*
    8. *Other, Pls. specify*_____

64. *Did you use any kind of parenting program?*
    1. *yes* ***If yes, which ones***_____
    2. *no*

65. *Since the birth of your child, what kind of services have been available?*
    1. *doctor's care*
    2. *post-natal visits*
    3. *financial assistance (besides parents)*
    4. *support group*
    5. *counselling (Guidance Counsellor)*
    6. *Public Health Nurse*
    7. *Nobody's Perfect Program*
    8. *Birth Control counselling*
    9. *Social Worker*
    10. *Other; please specify*_____

66. *Which ones did you use?*

1. *doctor's care*
2. *post-natal visits*
3. *financial assistance (besides parents)*
4. *support group*
5. *counselling (Guidance Counselling)*
6. *Public Health Nurse*
7. *Nobody's Perfect Program*
8. *Birth Control Counselling*
9. *Social Worker*
10. *Other, please specify*_____

INTERVIEWER, For next two questions probe for school programs, health programs and child care.

67a) *What services (things), prior to your pregnancy, would have made planning easier for you?*

_____

_____

67b. *What services (things) would have made it easier while you were pregnant?*

_____

_____

68. *What services (things) do you need now to make it easier?*

_____

_____

69. *How far along were you in your pregnancy when you first saw a doctor?*_____*months*

70. *How was your general health during your pregnancy?*
1. *excellent*
2. *good*
3. *fair*
4. *poor*

71. ***Did you do anything special to take care of your health during your pregnancy? PROBE ABOUT QUITTING SMOKING/DRINKING***

_____

_____

_____

72. *How would you describe your experience in labour?*
    1. *difficult*
    2. *fair*
    3. *good*
    4. *excellent*

73. *Who supported you during your delivery?*
    1. *mother*
    2. *father*
    3. *husband/boyfriend*
    4. *friend*
    5. *no one*
    6. *other, please specify*_____

74. *Was it what you expected it to be?*_____

_____

_____

READ OUT- NOW I'D LIKE SOME MORE BACKGROUND INFORMATION.

75. *Who lives in this home with you?*

    1. *mother*
    2. *father*
    3. *both parents*
    4. *boyfriend/husband (father of child)*
    5. *boyfriend/husband (not father of child)*
    6. *you and child only*
    7. *boyfriend's parents*
    8. *grandparents*
    9. *other, please specify*_____

IF LIVING WITH PARENTS PLEASE ASK NEXT QUESTION, OTHERWISE GO TO 77.

76. Who has primary responsibility for raising the child?

1. self
2. mother
3. father
4. grandmother
5. grandfather
6. boyfriend
7. other, please specify_____

77. Do you have a boyfriend now?

1. yes 2. no

INTERVIEWER--If the teen mother has a boyfriend now ask the next set of questions, otherwise go to 82.

78. Is he presently

1. employed
2. unemployed
3. student employed
4. full-time homemaker
5. student
6. social assistance recipient
7. other, please specify._____

IF he is employed ask 79. otherwise go to 81.

79. When employed what kind of work does he do in his job

_____

80. Is he employed

1. full-time
2. part-time
3. seasonally

81. Does he assist you financially?

1. yes
2. no

82. *What are your current means of financial support?*

1. *parents*
2. *husband*
3. *boyfriend*
4. *self*
5. *boyfriend's parents*
6. *grandparents*
7. *social assistance*
8. *other; please specify.*_____

83. *What was your approximate net family income from all sources, before taxes, in 1989.*

1. *less than $10,000*
2. *10,001 to 20,000*
3. *20,001 to 30,000*
4. *30,001 to 40,000*
5. *40,001 to 50,000*
6. *Greater than 50,000*
7. *Don't know*

READ OUT- before we finish, I'd like to ask one final question

84. *Can you describe a typical day in your life for me?*

_____
_____
_____
_____
_____
_____

INTERVIEWER, PLEASE READ TO TEEN MOTHER. ***Thank you for your cooperation. We are hoping to make some positive policy changes for young parents from what we learn from this study. Your information will be most helpful. If you would like a copy of the final report, please give me your address and one will be forwarded to you when it is completed.***
We would also like to talk to the fathers of the children. Would it be possible for you to give us a contact number for the father of your child? If this is inconvenient or uncomfortable for you please feel free to say no.

RECORD RESPONSE HERE. IF A CONTACT NAME AND NUMBER IS GIVEN RECORD HERE AND AFTER INTERVIEW SET UP ONE WITH FATHER IF HE CONSENTS. THE FATHER'S QUESTIONNAIRE IS ENCLOSED IN YOUR PACKAGE. THE I.D. NUMBER FOR THE FATHER WILL SIMPLY BE THE SAME AS THE MOTHER'S WITH AN 'F' ADDED TO THE NUMBER.

NAME:
PHONE NUMBER: ***REFUSED:***

Appendix D

Father's Questionnaire

INTERVIEWER:PLEASE READ TO TEEN FATHER. I want to start off the interview by getting some background information. We'll start now and if you have any questions please feel free to interrupt at any time.

1. *Your present age: In years _____*

2. *Your marital status*

   1) never married
   2) married/co-habiting/living common-law
   3) divorced
   4) separated
   5) widowed

3. *Are you presently (circle all appropriate numbers)*
   1) employed
   2) unemployed
   3) student
   4) student/employed
   5) full-time homemaker
   6) social assistance recipient
   7) other; please specify: _____

INTERVIEWER, ASK NEXT QUESTIONS IF EMPLOYED, OTHERWISE GO TO 6.

3.a) What kind of work do you do in your job? _____

4. *Are you employed*
   1) full-time
   2) part-time
   3) seasonal

   Do you work shiftwork?
   1) yes
   2) No

5. *Have you lost time from work because of child care problems?*
   1) yes
   2) No

   How many days in the last year?
   _____ days

Ask next question only if young man is a student

6. *Are you presently attending high school*
   1) yes
   2) no Are you attending other training? 1)yes 2) no

7. **Have you lost time from school because of child care problems?**
   1) yes
   2) no

   8. How many days in the last year?
   _____ **days**

If they are not presently in high school please ask this question next. Otherwise go to the next question.

9. *Have you completed high school?*

   1. *yes*
   2. *no*

10. *Did you attend high school while your girlfriend was pregnant?*
    1. *yes*
    2. *no*

If they answer yes ask the next set of questions, otherwise go to the section which starts with question 19.

11. *Were your teachers aware of your role in the pregnancy*
    1. *yes*
    2. *no* ***go to 15***

12. *Were they supportive?*

    1. *yes* ***go to 14***
    2. *no* ***go to 13***

13. *How were they not supportive?*
    1. *pressured you to leave*
    2. *made life difficult*
    3. *other ways, please specify:*

    _____
    _____

14. *In what ways*
    1. *exemption from certain classes*
    2. *rescheduling exams*
    3. *other ways Please specify:* _____

15. ***Were other students aware of your role in the pregnancy?***

    1. yes
    2. no go to 19

16. *Were they supportive?*
    1. yes ***go to 18.***
    2. no ***go to 17.***

17. *How were they not supportive?*
    1. made fun of you
    2. ignored you
    3. other ways, please specify

    _____
    _____

18. *In what ways*
    1. Brought your work home to you
    2. Were kind and understanding
    3. Other ways, please specify.

    _____
    _____

INTERVIEWER: PLEASE READ TO FATHER. The next few questions concern your being a parent and relate to your children.

19. *How long have you been a parent?*
    _____ *years* _____ *months*

20. *How many children do you have?* _____ *children*

21. *What is (are) the sex(es) of your child(ren)?*
    child 1
    child 2
    child 3

22. ***What are/is the ages of your child(ren)?***

child 1 _____ years _____ months
child 2 _____ years _____ months
child 3 _____ years _____ months

READ OUT. The next section deals with the social aspects of your life.

Social

23. *How often did you socialize with your friends before your child was born?*

1. every day
2. several times a week
3. once a week
4. less than once a week
Were most of these face to face or telephone?_____

24. *How often do you socialize with your friends since the birth of your child?*

1. every day
2. several times a week
3. once a week
4. less than once a week
Are most of these face to face or telephone?_____

25. *In a typical week, what kind of social activities do you participate in?*

	26. How often for each activity? _____
1. darts	
2. bowling	_____
3. cards	_____
4. dancing	_____
5. going to a movie	_____
6. going to a bar	_____
7. getting together with friends	_____
8. Other, please specify._____	_____

27. *How do you think your friends feel about you having a child?*

_____

_____

READ OUT TO FATHER- The next few questions deal with the time you found out your girlfriend was pregnant and how you felt.

28. *When you first discovered your girlfriend was pregnant, with whom did you discuss the pregnancy?*

1. *no one*
2. *mother* — *FIRST* _____
3. *father*
4. *girlfriend* — *SECOND* _____
5. *friend*
6. *teacher* — *THIRD* _____
7. *doctor*
8. *clergy*
9. *Public Health Nurse*
10. *other relative; please specify* _____
11. *other please specify* _____

(Rank first three)
example - if talked to mother first put 2 in top block
next person in next block

29. *Did they discuss choices with you?*
1. *yes*
2. *no*

If they answered yes to choices please list the choices in order of when they were discussed and list with whom they were discussed.

Choice one — *Discussed with* _____
Choice two — *Discussed with* _____
Choice three — *Discussed with* _____
Choice four — *Discussed with* _____
Choice five — *Discussed with* _____

30. *What choices did you have available to you*

1. *keep the child (single parenting by you)*
2. *Keep the child (single parenting by mother)*
3. *keep the child (co-parenting)*
4. *keep the child (raised by grandparents or other relative)*
5. *abortion*
6. *adoption*
7. *other, pls. specify*_____

31. *Was this pregnancy initially*

1. *planned*
2. *unplanned but pleasing*
3. *unplanned and displeasing*
4. *other please specify.*_____

Who planned it?
1. *self*
2. *self and partner*
3. *partner*

32. *What was <u>your</u> first reaction to the pregnancy?*

1. *shock*
2. *surprise*
3. *pleased*
4. *thought it might happen*
5. *didn't mind*
6. *other, please specify* _____

If unplanned ask next 3 questions otherwise go to 36.

33. *Did you take an active part in the decision to keep the child?*
1. *yes* ***go to 34***
2. *no* ***go to 36***

34. *Why did you make this choice as opposed to giving the baby up for adoption?* _____
_____

35. *Why did you make this choice as opposed to abortion?*
_____
_____

36. *Is having a child what you expected it to be?*

1. *yes*
2. *no*

37. *What are the good things about being a parent?*
_____
_____

38. *What are the hard things about being a parent?*
_____
_____

39. What are the good things about being a <u>teen</u> parent?

_____

_____

39a. What are the hard things about being a <u>teen</u> parent?

_____

_____

40. Where did you get your information on sex and sexuality?

1. ***parents***
2. ***school***
3. ***friends***
4. ***television***
5. ***books***
6. ***other, please specify*** _____

41. Which source was most useful? _____ ***least useful?***_____

READ OUT- the next questions are concerning your child and your relationship with him/her.

42. Do you maintain contact with your child?

1. *yes*
2. *no*

42a) What form does this take? ***INTERVIEWER-PLEASE PROBE HERE ABOUT THE TYPE OF CONTACT.***_____

_____

_____

43. *Do you take responsibility for the child?*
1. yes
2. no

How?
1. child support
2. babysitting
3. overnight care
4. decision-making
5. primary parent
6. emotional support
7. other; please specify _____

44. *Were you or your girlfriend using any method of birth control at the time you got pregnant?*
1. yes
2. no *Why not? INTERVIEWER-please probe i.e. did you want a child.*_____
_____

IF THEY ANSWERED YES TO THE QUESTION ABOVE ASK 45 OTHERWISE GO TO 46.

45. *What type were you using?*
1. condoms
2. cervical cap
3. birth control pills
4. diaphragms
5. spermicidal cream/foam
6. rhythm (Billings) or other natural birth control
7. withdrawal
8. other, please specify

Why did it fail? _____
_____

46. *Did you think your girlfriend might get pregnant?*

1. yes
2. no

47. ***Did you and your girlfriend ever discuss this possibility?***

1. yes
2. no

48. ***Did you make plans for it if this happened?***

1. yes - what did you decide? _____
2. no

49. ***Has your relationship with the baby's mother changed since the birth of the child?***

1. yes
2. no

In what way? _____
_____

READ OUT- The following questions concern your own parents.

Parents

50. *How did your mother react to the pregnancy?*
_____
_____

51. *How did your father react to the pregnancy?*
_____
_____

52. *How are they with you now?*
_____
_____

53. *How are they with your child?*
_____
_____

READ OUT- NOW I'D LIKE SOME MORE BACKGROUND INFORMATION.

54. Who lives in this home with you?

1. *mother*
2. *father*
3. *both parents*
4. *girlfriend/wife (mother of child)*
5. *girlfriend/wife (not mother of child)*
6. *you and child only*
7. *girlfriend's parents*
8. *grandparents*
9. *other, please specify*_____

IF LIVING WITH PARENTS PLEASE ASK NEXT QUESTION, OTHERWISE GO TO 56.

55. Who has primary responsibility for raising the child?

1. *self*
2. *mother*
3. *father*
4. *grandmother*
5. *grandfather*
6. *girlfriend*
7. *other, please specify*_____

56. Do you have a girlfriend now?

1. *yes* 2. *no*

57. What are your current means of financial support?

1. *parents*
2. *wife*
3. *girlfriend*
4. *self*
5. *girlfriend's parents*
6. *grandparents*
7. *social assistance*
8. *other; please specify.*_____

58. *What was your approximate net family income from all sources, before taxes, in 1989.*

1. *less than $10,000*
2. *10,001 to 20,000*
3. *20,001 to 30,000*
4. *30,001 to 40,000*
5. *40,001 to 50,000*
6. *Greater than 50,000*
7. *Don't know*

READ OUT- before we finish, I'd like to ask one final question

59. *Can you describe a typical day in your life for me?*

_____
_____
_____
_____
_____
_____

INTERVIEWER, PLEASE READ TO FATHER. Thank you for your cooperation. We are hoping to make some positive policy changes for young parents from what we learn from this study. Your information will be most helpful. If you would like a copy of the report you can give me your address and one will be forwarded to you when it is completed.